

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 45
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David J. Noble

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Chr, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 60805174

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bruce D Cheek

Mailing Address 6030 Gear St

City State Zip Code
Prole IA 50229-9044

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 60805175

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ted M Johnson

Mailing Address 3107 SW 31st Place

City State Zip Code
Des Moines IA 50321-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Equity Investment Life Insura

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 60805176

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00